

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66620	5/3
O.I.P.E. CLASSIFIER		12	5/9
FORMALITY REVIEW	M.D	66080	5/16/00
RESPONSE FORMALITY REVIEW		71476	5/24/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	22	01
2	✓	23	02
3	✓	24	02
4	✓	25	02
5	✓	26	03
6	✓	27	03
7	✓	28	04
8	✓	29	04
9	✓	30	04
10	✓	31	04
11	✓	32	04
12	✓	33	04
13	✓	34	04
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If more than 150 claims or 10 actions  
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